

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

STD 262 (REV 10/92)

CLAIMANT'S NAME Sharon B. Majors-Lewis		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Judicial Appointments Secretary		CB/D NUMBER		DIVISION OR BUREAU Judicial Appointments	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1350 Front Street		TELEPHONE NUMBER	
		STATE CA		ZIP 92101	

MONTH/YEAR Apr-09		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
4/7-	5 30a	SD-SAC-	132 89		10 00	8 41		170 20	A	38 50 40 00		0 00	361 50
4/8-			132 89		10 00		6 00					0 00	148 89
9-Apr	7 35p	SD			8 94		6 00			38 50 40 00		0 00	54 94
4/14-	5 30a	SD-SAC-	133 37		8 94	18 00		149 20	A	38 50 40 00		0 00	349 51
4/15-			133 37		10 00		6 00					0 00	149 37
4/16-Apr	7 35p	SD		4 00	10 00		6 00			38 50 40 00		0 00	60 00
4/21-	7 10a	SD-SAC-	133 73	5 70	10 00			139 52	A	38 50 40 00		0 00	328 95
4/22-			133 73		10 00		6 00					0 00	149 73
23-Apr	7 35p	SD			10 00		6 00			38 50 40 00		0 00	56 00
4/28-	5 30a	SD-SAC-	134 57			18 00		168 20	A	38 50 40 00		0 00	360 77
4/29-			134 57		10 00	9 34	6 00					0 00	159 91
30-Apr	7 35p	SD			10 00		6 00			38 50 40 00		0 00	56 00
SUBTOTALS			1,069 12	9 70	107 88	53 75	48 00	627 12	0 00	320 00	0	0 00	0 00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												2223.25	52,235.57

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Meet with bar group, interview jud applicants in Sacramento.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240514

I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

5/12/09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

5-13-09

DATE